PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

106/1790

				· .			·		7 4 42. [			
.:		CLAIMS AS	S FILED - (Column		(Colu			SMALL EI	YTITY	OR	OTHER SMALL	
TOTAL CLAIMS					Sec. 25. 12 . 12			RATE	FEE	1	RATE	19950
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	33.30	OR	BASIC FEE	.710.00
то	TAL CHARGEA	/ minus 20=		7	6		X\$ 9=	T	OR	X\$18=	1	
İND	DEPENDENT CL	mi /	nus 3 =	3			×463		OR	200	1.	
MU	ILTIPLE DEPEN	DENT CLAIM PI	RESENT					145	-		290	1
* If	* If the difference in column 1 is less than zero, enter "0" in column 2								1	OR	TOTAL	
٠.	c			TOTAL	<del>- (</del>	IOH	OTHER	THAN				
		(Column 1)		(Colui	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PRÉVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE /		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 6	Minus	6	20	=		X\$ 9=	. /	OR	X\$18=	./
AME	Independent	• 7	Minus		3			X40=	/.	OR	. X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=	1	OR	+270=	1
٠.							•	TOTAL	/		TOTAL	1
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE			ADDIT. FEE	1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		"RATE	ADDI- TIONAL FEE
N Q	Total		Minus	•••		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		<u> </u>		X40=		OR	X80=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDEN	CLAIM		1	+135=		OR	+270=	
							i	TOTAL		OR	TOTAL	
		(Column 1)		(Colu	mn 2) '	(Column 3)		ADDIT. FEE			ADDIT. FEE	
NT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQ	Total		Minus	**		=	ll	· X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	•	Minus	***		=		X40=	•	OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	T CLAIM							<u> </u>
•	If the entry in colu	mn 1 is less than th	ne entry in colu	mn 2. writi	e "0" in co	lumn 3.		+135=		OR	+270= TOTAL	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								•	OR	ADDIT. FEE	
		nber Previously Pai					er fo	und in the app	propriate bo	x in co	lumn 1.	